



## VPHIB QUESTIONNAIRE

1041 Technology Park Drive  
Glen Allen, VA 23059  
1-800-523-6019 (VA only)  
804-888-9100  
FAX: 804-371-3108

---

### APPLICANT INFORMATION

AGENCY NAME:

DATE:

PROJECT TITLE:

- 
1. Briefly describe your plan, including milestones and timelines, to moving your agency to VAv3. Comment on improvements, additional technology, staffing issues, training etc.

2. Explain how your agency will sustain the project described in question 1 (i.e. maintenance, repair, replacement ongoing costs.)

3. Will your project benefit other disciplines such as public health, public safety, emergency preparedness, hospitals or other disciplines?

Check all that apply:

Public Health

Public Safety

Emergency Preparedness

Hospitals/medical facilities

Other:

Explain your answer:

4. How does your agency currently collect and submit EMS data?

Choose one:

Paper PCR, agency staff enters data into VPHIB.

Paper PCR, billing company submits data to VPHIB.

Electronic PCR, agency transfers data to VPHIB.

Electronic PCR, ePCR vendor transfers data to VPHIB.

Electronic PCR, billing company transfers data to VPHIB.

Electronic PCR, use state provided Field Bridge to transfer data directly to VPHIB.

5. How will your agency collect and submit EMS data if this grant is awarded?

Choose one:

Paper PCR, agency staff enters data into VPHIB.

Paper PCR, billing company submits data into VPHIB.

Electronic PCR, agency transfers data to VPHIB.

Electronic PCR, ePCR vendor transfers data to VPHIB.

Electronic PCR, billing company transfers data to VPHIB.

Electronic PCR, use state provided Field Bridge transfer data directly to VPHIB.

6. Tell us about your EMS software vendor use:

Choose one answer that best applies:

Currently use paper, will use 3rd party software

Currently use paper, will purchase agency license for ImageTrend.

Currently use paper, will utilize state license ImageTrend product.

Currently use paper and future 3rd party vendor will be dependent on competitive bid process.

Currently use 3rd party ePCR and will stay with same EMS software vendor.

Currently use 3rd party ePCR and will move to a different 3rd party vendor (non-ImageTrend).

Currently use 3rd party vendor ePCR and will move to agency owned license of ImageTrend.

Currently use 3rd party vendor and will move to state licensed ImageTrend product.

Currently use 3rd party vendor, future vendor will be dependent on competitive BID process.

7. What is your agency's billing status?

Choose one:

Currently do not bill, will not bill after migration to VAv3.

Currently do not bill, planning to bill after migration to VAv3.

Currently bill, will not bill after migration to VAv3.

Currently bill, will continue to bill after migration to VAv3.

8. Does your agency have a plan in place to remain current/compliant with data submission to VPHIB during your agency's migration?

Yes

No

Describe:

9. If your agency currently uses a 3<sup>rd</sup> party EMS software, do you have a contract, service agreement, MOU/MOA or other binding agreement in place with the vendor?

Yes

No (skip question 10)

10. If you said yes to number 9, does your current agreement include language that the 3<sup>rd</sup> party vendor will provide your agency with the most current version of the NEMSIS dataset? For example, does your current agreement mitigate your vendor from imposing fees/costs associated with moving to version 3?

Yes

No

Explain:

11. Please list the costs associated with your version 3 migration.

	Current costs	Migration Related	Percent of migration related costs being covered by this grant.
Project Planning			
Kick off meeting			
Setup/installation fee			
Hardware (server/server space etc.)			
Hardware (mobile equipment)			
Software (operating system not EMS software)			
Software as a Service (initial cost)			
Software as a Service (annual cost)			
EMS software initial license fee			
EMS software maintenance (year 1)			
EMS software maintenance (year 2)			
EMS software maintenance (year 3)			
EMS software maintenance (year 4)			
EMS software maintenance (year 5)			
Training costs (for implementation)			
Integration/linkage/web services costs			
Conversion of existing/legacy data			
Other			
Other			

12. Provide an explanation of other funding sources contributing to this project. Note: If awarded this grant, *Return to Locality – Four for Life Funds* received from your city/county cannot be used to supplant any portion of the cost share.

13. Do you attest that if awarded monies, they will not be used to supplant other budget items?

Yes

No

Unable to Answer

### **IMPORTANT NOTICE**

***IF YOU SUBMIT YOUR GRANT APPLICATION OUTLINING ONE OF THE GRANT PRORITIES YOU MUST ALSO SUBMIT THIS QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE CONSIDERED FOR A PRIORITY IF THE RSAF PRIORITIES QUESTIONNAIRE DOES NOT ACCOMPANY YOUR APPLICATION.***